Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-03-2010</u>	Address:	<u>6920 N. 700</u> <u>₽</u>	
Case #:	22F45972		<u>FREMONT, IN</u>	
County;	<u>STEUBEN</u>		<u>46737</u>	
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)				
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Four	<u>id: Location (bedroom, kitchen, open ai</u>	r, etc)		
(check all that apply) Lithium/Ammonia Reaction(s): TRUCK/BARN				
Red Phosphorous/Iodine Reaction(s);				
☐ Flammable Solvents: BARN				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): BARN				
Corrosive Acid: BARN				
Corrosive Base: <u>BARN</u>				
Other (item and location): AMMONIA NITRATE / BARN				
Child under age 18 discovered (check one) Yes (number present) No *If yes, lax report to Child Protective Services		☐ Ephedrino ☐ Retail/Mo	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:ST <u>EUBEN SHE</u> RIFF	
This report	is to be faxed to the following agen	cies that serve the le	eation:	
Fire Departs	nent: <u>FREMONT FD</u>	Fax: E-MAILED		
Health Department: <u>STEUBEN CO</u>		Fax; <u>E-MA</u> Fax;		
Child Protec	etion Scrvice:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>				

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for recention.